



UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO (TWIN FALLS)		PROOF OF CLAIM
Name of Debtor Vladimir Paniouchkine Tatyana Paniouchkine		Case Number 99-41879 B
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Oregon Transportation Department Name and Address where notices should be sent: Oregon Transportation Department 23350110 550 Capital Street Salem, OR 97310 Telephone Number:		<div style="text-align: center;">  99-41879 </div> <div style="text-align: center;">  1319401 </div> <div style="text-align: center; margin-top: 20px;">THIS SPACE IS FOR COURT USE ONLY</div>
Account or other number by which creditor identifies debtor: 246739	Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____ this claim	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (date) (date) </div>		
2. Date debt was incurred: See Exhibit A		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ <u>5171.15</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Bond in amount of \$1000.00</u> Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>4683.10</u> Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;"> U.S. DISTRICT COURT U.S. BANKRUPTCY DISTRICT OF IDAHO DEC 02 1999 M. RECD LODGED _____ FILED _____ </div>
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 11/29/99	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Dorothy Sebastian</u> - Revenue Analyst	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

HIGHWAY USE TAX ADJUSTMENT SCHEDULE

NAME OF CARRIER

AUTHORITY NUMBER

ADJUSTMENTS FOR THE PERIOD FROM

TO

DATE

YEAR AND MONTH	REASON FOR ADJUSTMENT	FEE ADJUSTMENT	PENALTY	INTEREST
	3 Q '98 report	2727.25	2727.23	
	4 Q '98 report	1350.60	1350.66	
	Credit on account		(5000)	
	Interest through July 1999			285.70
	Distrain Warrant No 935-7-99 issued in Marion County, Oregon			
	Sheriff fee for warrant issuance		6.25	
	Recording fee		14.00	
	1 st Q '99 report	147.59	14.76	
	Plate Return fee		75.00	
	Interest through October 1999			129.71
	Distrain Warrant No 008-10-99 issued in Marion County, Oregon			
	Sheriff fee for warrant issuance		6.25	
	Recording fee		14.00	
	Interest through date of bankruptcy			4225
	This claim is subject to setoff for a bond in the amount of \$1000.00			
	EXHIBIT A	4225.44	40.50	447.55
				457.66

Jonathan Sebastian

TOTAL ADJUSTMENT

5171.15

Out of state audit expense will be included on the Notice of Highway Use Tax Assessment.



Oregon

John A. Kitzhaber, M.D., Governor

Department of Transportation

Collections Unit
550 Capitol St. NE
Salem, OR 97310-1380
1-800-535-8018
(503) 378-3533
FAX (503) 378-3060

November 29, 1999

FILE CODE:

U S BANKRUPTCY COURT
550 W FORT MSC 042
BOISE ID 83724

AUTHORITY 246739

RE: Vladimir Paniouchkine
Bankruptcy Case No. 99-41879

Enclosed herewith is a Proof of Claim form of the Oregon Department of Transportation (successor to Oregon Public Utility Commission) in the sum of \$5171.15 for filing in the above-captioned bankruptcy. This claim is entitled to priority under Title 11 §507 (a) (7) (E) of the Bankruptcy Code.

By Dorothy Sebastian
Dorothy Sebastian, Revenue Analyst
Collections
1-800-535-8018

Enclosure

